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ABSTRACT

Information about operational school-based clinic programs is provided in this pamphlet. Characteristics of school-based clinics include comprehensive services, a multidisciplinary team approach, a community resource network, school location, adolescent reproductive health services, and traditional health institution management. A list of operational programs in 17 states is included. (LMI)

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SCHOOL-BASED CLINICS: UPDATE

Sharon R. Lovick and Wanda F. Wesson

The Support Center for School-Based Clinics, a project of The Center for Population Options

1986 Update Foreward

In the fall of 1984, the first national meeting of school-based clinic practitioners was held in Houston, Texas. At that time, approximately 23 school-based clinic sites were operating across the United States. By October 1985, when the second national meeting on school-based clinics was held in Chicago, Illinois, approximately 35 SBC sites were operational with an additional 35 to 40 in the planning stages. As of Summer 1986, approximately 61 SBC sites are in operation around the country, with another 100 or so in various stages of implementation.

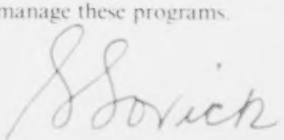
This rapid growth represents an incredible success story, and, more importantly, it means thousands of young people are receiving better health care. It also presents a challenge to those of us who have been advocates of this innovative health care delivery model: monitoring the rapid development of new programs nationally. The Support Center has continuously collected, maintained and updated data on both operational and proposed SBC programs.

We have been equally challenged to respond to an ever increasing demand for information about programs. Requests come from not only community groups, school boards, and public health administrators working to start new programs, but also from legislators, researchers, media representatives and others interested in expansion of these programs.

As more and more communities move toward the opening of an SBC, it is clear that access to accurate information about operational programs will be helpful. This update contains information on the 61 school-based clinics now operating in the U. S.

Our goal has been to provide answers to those questions which are most commonly asked about these programs. We are able to make this information available because of the tremendous level of support and cooperation we have received from those individuals who manage these programs.

Sharon R. Lovick



WHAT ARE SCHOOL-BASED CLINICS (SBCs)?

SBCs are primary health care centers, located on the grounds of middle, junior and senior high schools, which provide a variety of health and social services to young people as a part of the school day. Although they vary in both size and organizational structure, these programs share a common goal: to ensure that students are both physically and emotionally prepared to take full advantage of their daily educational opportunities.

The development of these programs represents a recognition by many health care providers that the adolescent population, especially in low income communities, has unique health care needs. Adolescents differ from both young children and adults and therefore need to receive specialized care, often not available through traditional pediatricians and internists. Many health care professionals have also realized the importance of incorporating education and counseling into adolescent health care.

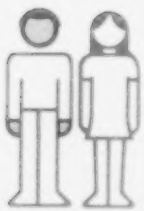
In addition, practical issues such as financial and geographical barriers to services have been difficult to address. School-based clinics have demonstrated that a great deal can be accomplished in the school setting to enhance both the physical and emotional health of young people.

In general, each SBC is designed exclusively to meet the needs of teens in its community. Yet all SBCs nationwide share these common characteristics:

- A **comprehensive set of services** which commonly include athletic physicals, general health assessments, laboratory and diagnostic screening (e.g. sickle cell anemia and STD screening), immunizations, first aid and hygiene, EPSDT testing, family planning counseling and services, prenatal and post partum care, drug and alcohol abuse programs, nutrition and weight reduction programs and referrals for special medical care. Many SBCs address non-medical issues such as school absenteeism and dropout, day care and family counseling services. They differ from more traditional school health programs by having the authority to prescribe and/or dispense medications.

- A **holistic, multi-disciplinary team approach** to the provision of services by a staff that possesses a wide range of abilities and skills.
- **Extensive networking with existing community resources** to mobilize and maximize available services for teens.
- **Location within or adjacent to a school building** so that a significant level of cooperation and coordination of clinic services with the educational program is accomplished.

- **Adolescent sexuality and reproductive health** as one of the major goals of the program, including the provision of family planning services. SBCs recognize that if family planning is not incorporated into general health care, young people will fail to learn that they are responsible for **all** aspects of their health.
- **Organized and managed by** traditional health institutions a majority of these programs are extensions of hospitals and public health departments; they are not run by the school system.



ANSWERS TO SOME COMMONLY ASKED QUESTIONS ABOUT SCHOOL-BASED CLINICS

How does an SBC get started?

School-based clinics are typically the outgrowth of grass roots community commitment to improving the health status of teens. Generally an individual or an agency recognizes that adolescents have many unmet health needs. Advisory planning groups are formed, and a strategy for addressing those needs is determined which includes the establishment of an SBC. Only with local school board approval is an SBC started. These programs are organized with strong community involvement and support at their base, and they are inspired and managed by the communities they serve.

Why do we need another program when so many health care services are already available in the community?

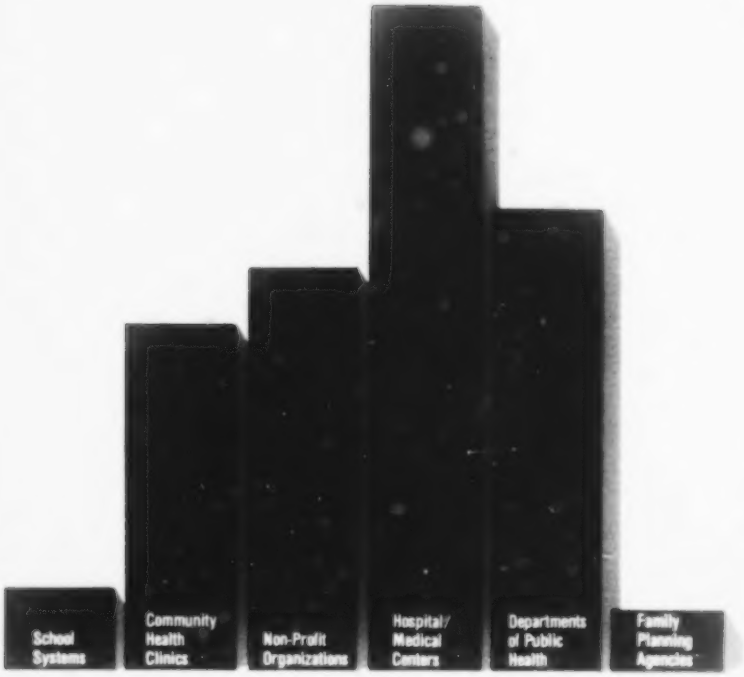
Many teens do not use the health care services available in the community, because the services are often fragmented and categorical. Teens often don't know where to go for specific types of services. Many teens delay seeking care for such sensitive problems as depression, drug and alcohol abuse and family planning. By bringing health care to teens in the school setting, early detection and treatment can occur, positive preventive health behaviors can be promoted, and follow-up services provided. Furthermore, the adolescent is treated as a whole person with his or her interconnected problems addressed together. The SBC coexists with other programs to maximize the services available to teens.

Do programs require parental consent, and how are parents involved?

SBC's obtain written consent from the parents of each student before that youth can receive medical services from the clinic. The parental consent form provides a clear description of all clinical services and additional important information for parent. Programs encourage parental participation in advisory groups, in special school-sponsored programs and in individual consultations regarding their children's health. Some programs sponsor workshops which focus on parental effectiveness training and ways of improving parent-child communication. These programs work in concert with parents to improve the overall health of their children.

How do SBCs link with other community agencies and organizations?

SBC program sponsors recognize that young people need unique health care services. Many of their health problems are either a result of their psychosocial environment or the very nature of adolescence a developmental phase of experimentation and exploration. Program sponsors recognize that there


School Systems
Community Health Clinics
Non-Profit Organizations
Hospital/ Medical Centers
Departments of Public Health
Family Planning Agencies

are many committed individuals and/or agencies who are working with teens daily in every community. The role of the SBC can be to facilitate networking between school, parents, and the community—with all working to help young people. This networking can occur in a variety of ways: formal and informal referrals, co-sponsorships of special focus programs, and sharing of staff through in-kind and/or co-operative arrangements.

How are these programs different from existing school health programs?

Since the early 1900's, school systems have recognized the importance of maintaining and supporting students' health. Health services in schools have traditionally focused on preventive services and rarely direct medical treatment. A variety of differing levels of medical services are now available to school-age children. SBCs usually supplement and expand those existing services. With larger, multidisciplinary staffs available throughout the school day, the SBCs increase the capacity of school health programs, allowing more teens to be served. The SBCs staff work to provide not only preventive health services, but also to diagnose, treat and ultimately resolve problems.

What is the role of existing school health personnel?

School nurses have been the mainstay of school health programs for more than half a century. They know the student body, are familiar with students' special health problems and are a valuable resource in the development and the daily operation of SBCs. They act as the primary liaison to other school staff, facilitate contacts with parents, coordinate and triage student visits, and provide valuable input to a program's staff as it manages health and social problems. School nurses quickly become an integral part of SBC programs.

Why is family planning a program component?

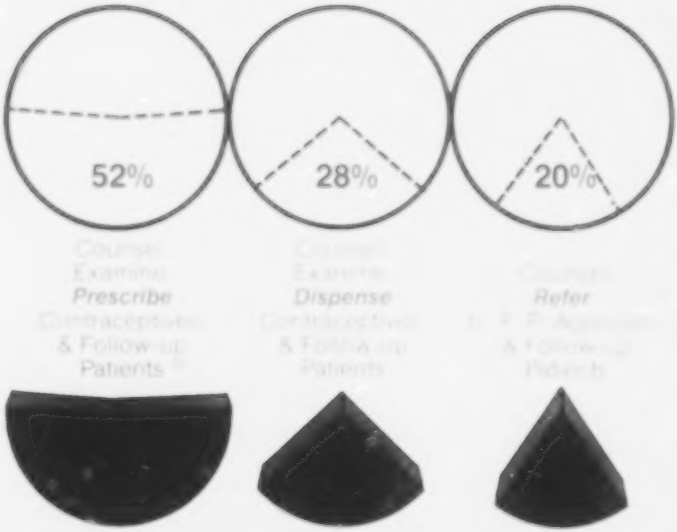
SBC practitioners underscore discussion of sexuality as an important part of any comprehensive health care program for teenagers. Effective health care for teens ***must*** take a holistic approach. SBCs include a family planning component because teen pregnancy has been identified as a major barrier to high school completion. Research indicates that 50 percent of all teens age 15 through 19 are sexually active, yet, teens typically wait an average of one year after their first sexual encounter before seeking family planning services.

For younger teens and those who are not yet sexually active, programs work to encourage their de-

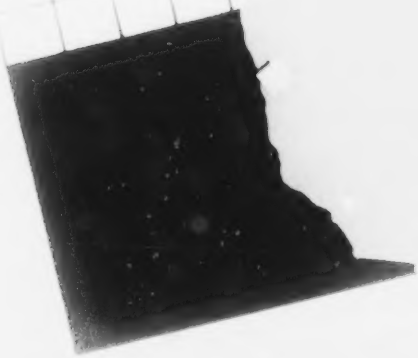
cision to delay sexual activity and to develop peer support systems to help them postpone sexual activity, and avoid sexually transmitted diseases.

How are area physicians and/or medical institutions involved with programs?

Local physicians provide support to SBC programs. Often children who use the school-based clinic come from families without a primary health care provider. In those cases the SBC assists family members – young siblings and adults – in identifying a health provider. When a teen has a family doctor, the SBC treats any episodic illness and then refers the teen patient to his/her personal physician.



FAMILY PLANNING SERVICES IN SBCs



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Existing Program Locations
Potential Program Locations by Early 1987

Existing Programs by State

ARIZONA
CALIFORNIA
COLORADO
CONNECTICUT
FLORIDA
ILLINOIS
INDIANA
MARYLAND
MICHIGAN
MINNESOTA
MISSISSIPPI
MISSOURI
NEW MEXICO
NEW YORK
OHIO
OREGON
TEXAS

What about medical liability? How are school systems protected?

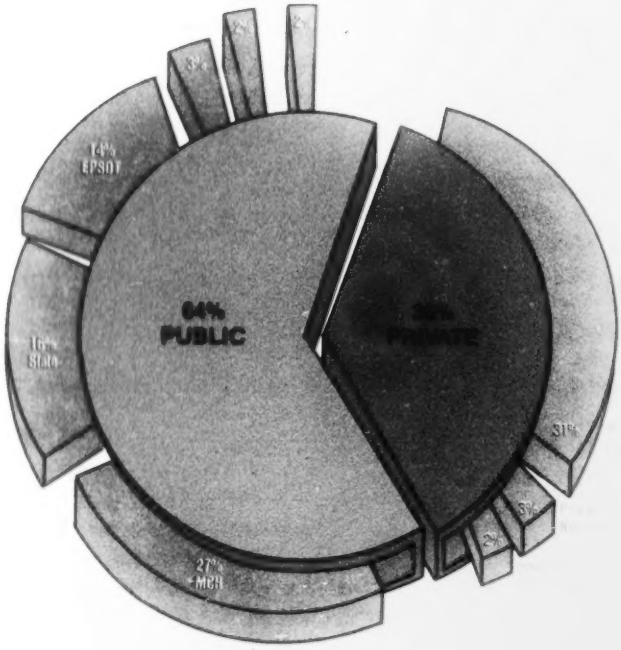
In practice, and based on the experiences of clinics operating around the country, school liability remains essentially unchanged. The school system usually provides use of its physical space and maintains its standard liability for safety associated with all of its existing programs. In many cases, the SBC is an extension of an existing health care service. It is viewed and operated as a satelite or out-patient clinic, operated in a school or on school grounds. Medical liability insurance is the responsibility of the health agency providing medical services, and the costs of that coverage are assumed by that agency.

How successful are SBC programs?

SBCs have demonstrated their success in a number of ways:

- The ***rapid growth*** in the number of programs illustrates that this innovative health care delivery model has gained the acceptance of many diverse communities.
- ***Students use these programs.*** The Dusable Clinic in Chicago recorded more than 2,000 medical encounters in its first two months of operation. In Kansas City, 70 percent of the total student body uses the clinic for some type of service each year; in St. Paul, about 75 percent, and, in West Dallas, about 85 percent. The West Dallas Clinic served more than 3,200 teenagers during 11,000 clinic visits. These statistics represent high usage rates for the teenage population.
- Clinics in St. Paul have ***demonstrated that they are effective in reducing unintended births*** and their effects. Their records indicate that over several years:

the percentage of females receiving family planning services from the clinics increased from 0 percent to 33 percent;
the 12-month and 24-month contraceptive continuation rates were 93 percent and 82 percent (based on 1982 data);
the birth rates in the first school with a clinic dropped by about half and the birth rates in four schools which later opened clinics dropped by more than 40 percent;
about 80 percent of adolescent mothers remained in school; and
only 1.4 percent of adolescent mothers who remained in school had a repeat pregnancy within two years or until graduation.



THE SBC FUNDING MIX: Combining Different Sources to Deliver Services

MCH -

STATE -

EPSDT -

OPERATIONAL PROGRAMS

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Arizona
Arizona Dept. of Health Svcs
1740 W. Adams Street
Phoenix, AZ 85007
(602) 255-1870

Sites: 3 HS

California
City/Co. of San Francisco
Dept. of Public Health
101 Grove Street
San Francisco, CA 94102
(415) 558-3684

Sites: 1 HS

Colorado
Valley Wide Health Svcs.
204 Carson Avenue
Alamosa, CO 81101
(303) 589-5161

Sites: 2 HS

Connecticut
Greater Bridgeport Adolescent
Pregnancy Program
179 Middle Street
Bridgeport, CT 06604-4001
(203) 336-1331

Sites: 2 HS

Fairhaven Community Health
Clinic
374 Grand Avenue
New Haven, CT 06513
(203) 777-7411

Sites: 1 HS

Florida
Gadsden County Public
Health Department
P. O. Box 587
Quincy, FL 32351
(904) 627-7521

Sites: 1 HS

Illinois
Cook Co. Pub. Hlt. Dept.
Dept. of Pediatrics
700 S. Wood Street
Chicago, IL 60612
(312) 633-7438

Sites: 1 HS

Ounce of Prevention
Fund
2 N. LaSalle, Room 605
Chicago, IL 60602
(312) 621-0566

Sites: 1 HS

Comp. Mental Hlt. Ctr.
St. Clair County
3911 State Street
E. St. Louis, IL 62201
(618) 482-7330

Sites: 1 JH

Indiana
Gary Community School Corp.
Roosevelt Ad. Health Proj.
620 East 10th Place
Gary, IN 46402
(219) 886-6502

Sites: 1 HS

Methodist Hosp. of Indiana
1701 N. Senate Blvd.
Indianapolis, IN 46202
(317) 929-5348

Sites: 1 HS

Maryland
EPSDT School-Based Program
1211 Wall Street
Baltimore, MD 21230
(301) 396-3185

Sites: 4 JH 3 HS

Michigan
Hurley Medical Center
One Hurley Plaza
Flint, MI 48502
(313) 257-9503

Sites: 1 HS

Muskegon Area
Planned Parenthood
1642 Peck St.
Muskegon, MI 48441
(616) 726-6620

Sites: 1 MS 1 HS

Minnesota
Minneapolis Health Dept.
250 South 4th Street
Minneapolis, MN 55415
(612) 348-2884

Sites: 4 HS

St. Paul Adolescent Health
Service Project
640 Jackson Street
St. Paul, MN 55101
(612) 221-8876

Sites: 4 HS

Mississippi
Jackson-Hinds Comp.
Health Center
4433 Medgard Evers Blvd.
Jackson, MS 39213
(601) 362-5321

Sites: 1 JH 4 HS

Missouri
Adolescent Resources Corp.
4010 Washington, #400
Kansas City, MO 64111
(816) 561-7097

Sites: 3 HS

New Mexico
Univ. of New Mexico
Dept. of Pediatrics
Surge Building
Albuquerque, NM 87131
(505) 277-5551

Sites: 5 HS

Pecos Valley Med. Ctr.
P. O. Drawer 552
Pecos, NM 87550
(505) 757-6482

Sites: 1 HS

New York
School Health Demons. Program
Jamaica Hospital
8906 135th Street
Jamaica, NY 11418
(718) 657-1800

Sites: 1 HS

Mt. Sinai Hospital
Adolescent Health Center
19 East 101st Street
New York, NY 10029
(212) 650-7570

Sites: 2 HS

Bedford Stuyvesant Family
Health Center, Inc.
1360 Fulton St., 5th Floor
Brooklyn, NY 11216
(718) 636-4500

Sites: 1 HS

St. Luke's-Roosevelt Hosp.
428 West 59th Street
New York, NY 10091
(212) 554-6616

Sites: 2 HS

Ryan Community Hlt. Ctr.
Mid-Westside Neighborhood
Health Council, Inc.
160 West 100th Street
New York, NY 10025
(212) 678-5698

Sites: 2 HS

Ohio

Cleveland Student Health
Program
1001 Huron Road
Cleveland, OH 44115
(216) 781-2944

Sites: 1 HS

Oregon

Jackson Co. Health Dept.
1313 Maple Grove Drive
Medford, OR 97501
(503) 776-7328

Sites: 1 HS

Multnomah Co. Hlt. Dept.
426 Southwest Stark
Portland, OR 97204
(503) 248-3674

Sites: 1 HS

Texas

West Dallas Youth Clinic
Children & Youth Project
3131 N. Hampton Road
Dallas, TX 75212
(214) 688-3108

Sites: 2 HS

Urban Affairs Corp.
1700 Gregg Street
Houston, TX 77020
(713) 222-8788

Sites: 1 MS

WHAT IS THE SUPPORT CENTER FOR SCHOOL-BASED CLINICS/CPO?

The Support Center, a project of the Center for Population Options, is a natural outgrowth of CPO's work to enhance the opportunities for young people in key decision-making areas of their lives. Launched in April 1985, the Support Center serves as a national resource for school-based clinics by increasing communication among clinic practitioners, providing policy analysis and evaluation strategies, assisting program staff and providing technical and professional services, to developing sites.

The Support Center fulfills its facilitator role through a variety of strategies including one-on-one consultations, mid-size training workshops, and presentations at major national and statewide conferences. Since its inception, the project has been instrumental in sharing information, identifying strategies for program expasion, monitoring the development of new SBC sites and facilitating the exchange of expertise among clinic practitioners.

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